



CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Ernie Fletcher
Governor

275 E. Main Street, 6W-A
Frankfort, KY 40621
(502) 564-4321
Fax: (502) 564-0509
www.chfs.ky.gov

Mark D. Birdwhistell
Secretary

Shawn M. Crouch
Commissioner

October 31, 2007

**TO: Nursing Facility (12) Providers
Provider Letter A-232**

RE: October 1, 2007 Standard Price Increase

Dear *KyHealth Choices* Provider:

The Department for Medicaid Services has approved a Nursing Facility rate increase effective October 1, 2007. Non-capital components of the standard price are inflated by two percent (2%) to adjust for any increase in cost you may experience due to the increase in minimum wage mandated at both the state and federal level.

This increase has been incorporated in your facility's price-based rate worksheet effective October 1, 2007.

Should you have any questions regarding the October 1, 2007 rates, please contact the Medicaid rate setting contractor representative, Beth Vail of Myers and Stauffer LC at (888) 749-5799 or (502) 695-6870, or contact Sherilyn Redmon, Branch Manager, Division of Long Term Care and Community Alternatives at (502) 564-5707 Monday through Friday from 8:00 a.m. until 4:30 p.m. eastern time.

Sincerely,

A handwritten signature in black ink, reading "Shawn M. Crouch". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Shawn M. Crouch
Commissioner

Xc: Nursing Facility (12) Providers
Provider Letter A-232

SMC/CB/amd00358